| residence (help with eating, dressing, bathing, taking medication, housework, or moving about)? | |
|---|------|
| YES | NO |
| | |
| 2. Do you have adequate cooking and food storage facilities? | |
| ☐ YES | □ NO |
| | |
| | |

1. Do you need assistance in personal care or hygiene or in the upkeep of your